

FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza
New York, NY 10112-3801
(212) 218-2100

Facsimile:(212) 218-2200

FACSIMILE COVER SHEET

TO: Examiner P.P. Jones
USPTO - Art Unit 2664

FROM: Lock See Yu-Jahnes

RE: U.S. Patent Appln. No. 09/022,979
Attorney Docket No. 03500.012549

FAX NO.: 703-872-9314

DATE: May 6, 2003

NO. OF PAGES: 14
(including cover page)

TIME:

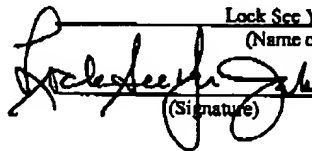
SENT BY:

MESSAGE

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office (Fax No. 703-872-9314) on

May 6, 2003
(Date of Transmission)

Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicants)



May 6, 2003
(Date of Signature)

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 212-218-2100 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770 (compatible with any Group I,
Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE
INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF
YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS
MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS
MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT
THE ABOVE ADDRESS. THANK YOU.

In re Application of:

Docket No. 03500.012549

MITSUO NIIDA ET AL.

Application No.: 09/022,979

Examiner: P.P. Jones

Filed: February 12, 1998

Art Unit: 2664

For: COMMUNICATION APPARATUS AND
COMMUNICATION METHOD

Date: May 6, 2003

Mail Stop: Non-Fee Amendment
Commissioner For Patents
P. O. Box 1450
Alexandria, VA 23313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 42	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 7	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

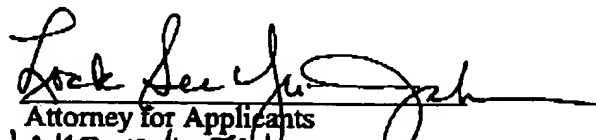
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____-month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
~~Lock See Yu - JAH~~
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

NY_MAIN 328305v1